

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

30031 7590 07/26/2004

**MICHAEL W. HAAS, INTELLECTUAL PROPERTY
COUNSEL
RESPIRONICS, INC.
1010 MURRY RIDGE LANE
MURRYSVILLE, PA 15668**

Express Mail Label No. EL997387148US

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Michael W. Haas	(Depositor's name)
<i>Michael W. Haas</i>	(Signature)
October 25, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/617,590	07/11/2003	Mehdi M. Jafari	99-27 C1	3705

**TITLE OF INVENTION: MEDICAL VENTILATOR TRIGGERING AND CYCLING METHOD AND MECHANISM
10/27/2004 WABDEL3 00000123 10617590**

01 FC:1501 1370.00 OP
02 FC:1504 300.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	10/26/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MITCHELL, TEENA KAY	3743	128-204210

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
 1 Michael W. Haas
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Respironics, Inc.

Murrysville, Pennsylvania

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0558 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

(Authorized Signature) Michael W. Haas (Date) 10/25/04

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)

Mail Stop Issue Fee

TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Express Mail Label No.: EL 997387148 US

Total Number of Pages in This Submission: 7

Application Number 10/617,590

Filing Date July 11, 2003

Confirmation Number 3705

Inventor(s) JAFARI et al.

Group Art Unit 3743

Examiner Mitchell, T.

Attorney Docket No. 99-27 C1

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (submit in duplicate)	<input type="checkbox"/> Assignment Papers	<input checked="" type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet
<input checked="" type="checkbox"/> Fee Attached \$ 1,670.00	<input type="checkbox"/> Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group
Check No.: 1258	<input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Request for Return of PTO-1449 Forms	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to the Commissioner	<input type="checkbox"/> Request for Continued Examination (RCE)
<input type="checkbox"/> Affidavits / Declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Request Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Address	<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer(s)	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Response to Missing Parts / Incomplete Application
<input type="checkbox"/> Cited References	<input checked="" type="checkbox"/> Certificate of Mailing by Express Mail	
<input type="checkbox"/> Search report		
<input type="checkbox"/> Drawing(s): Number of Pages _____ Number of Figs. _____ and cover sheet	<input type="checkbox"/> Other Enclosure(s): _____	
<input type="checkbox"/> Formal		
<input type="checkbox"/> Informal		

Current Due Date: October 26, 2004

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual and Company	Michael W. Haas, Reg. No. 35,174 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668
Signature	<i>Michael W. Haas</i>
Date	October 25, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to:
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Typed Name	Michael W. Haas, Reg. No. 35,174		
Signature	<i>Michael W. Haas</i>	Date	October 25, 2004

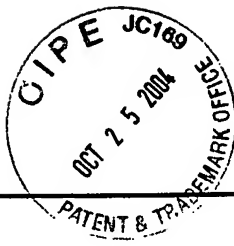
**FEE TRANSMITTAL**

(Effective 10/01/2003)

"Express Mail" Label No. EL 997387148 US	Application Number	10/617,590	
	Filing Date	July 11, 2003	
	First Named Inventor	JAFARI et al.	
	Confirmation Number	3705	
	Group Art Unit	3743	
TOTAL AMOUNT OF PAYMENT	\$ 1,670.00	Examiner's Name	Mitchell, T.
		Attorney Docket No.	99-27 C1

METHOD OF PAYMENT		FEE CALCULATION (continued)					
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		3. ADDITIONAL FEES					
Deposit Account Number	50-0558	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
Deposit Account Name	Respironics, Inc.	1051	130	2051	65	Surcharge - late filing fee or declaration	
<input type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16, 1.17 and 1.20		1052	50	2052	25	Surcharge - late provisional filing fee or or cover sheet	
<input checked="" type="checkbox"/> Charge the Issue Fee set forth in 37 C.F.R. § 1.18		1811	100	1811	100	Certificate of Correction	
2. <input checked="" type="checkbox"/> Payment Enclosed:		1812	2,520	1812	2,520	For filing a request for reexamination	
Check (Check No. 1258)		576	25	576	25	Additional filing receipt, duplicate or corrected due to applicant error	
FEE CALCULATION (fees effective 10/01/2004)		1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1. FILING FEE		1251	110	2251	55	Extension for response within first month	
Large Entity Fee (\$)	Small Entity Fee (\$)	1252	430	2252	215	Extension for response within second month	
1001 790	2001 395	1253	980	2253	490	Extension for response within third month	
1002 350	2002 175	1254	1,530	2254	765	Extension for response within fourth month	
1003 550	2003 275	1255	2,080	2255	1,040	Extension for response within fifth month	
1004 790	2004 395	1401	340	2401	170	Notice of Appeal	
1005 160	2005 80	1402	340	2402	170	Filing a brief in support of an appeal	
SUBTOTAL (1)		1403	300	2403	150	Request for oral hearing	
\$ 0.00		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
2. CLAIMS		1452	110	2452	55	Petition to revive unavoidably abandoned application	
Total Claims	Extra Claims	1453	1,370	2453	685	Petition to revive unintentionally abandoned application	
Ind. Claims	Fee from Below	1501	1,370	2501	685	Utility issue fee (or reissue)	1,370.00
Multiple Dependent Claims add	Fee Paid	1502	490	2502	245	Design issue fee	
* Enter Highest Number Previous Paid For		1814	110	2814	55	Statutory Disclaimer	
Large Entity Fee (\$)	Small Entity Fee (\$)	1460	130	1460	130	Petitions to the Director	
1202 18	2202 9	1807	50	1807	50	Petitions related to provisional applications	
1201 88	2201 44	1806	180	1806	180	Submission of Information Disclosure Stmt	
1203 300	2203 150	8021	40	8021	40	Recording each patent assignment per property (times number of property)	
1204 86	2204 43	1809	790	2809	395	Filing a submission after final rejection (37 C.F.R. § 1.129(a))	
1205 18	2205 9	1801	790	2801	395	Request for Continued Examination	
SUBTOTAL (2)		Other Fee (specify) <u>Publication Fee</u>					300.00
\$ 0.00		SUBTOTAL (3)				\$ 1,670.00	

SUBMITTED BY			
Typed or Printed Name	Michael W. Haas	Reg. Number	35,174
Signature		Date	October 25, 2004
		Deposit Account Number	50-0558



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"Express Mail" label number

October 25, 2004

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Michael W. Haas

Signature of person mailing correspondence

Michael W. Haas

Typed or printed name of person mailing correspondence

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of

Inventor : JAFARI et al.
Appln. No. : 10/617,590
Conf. No.: : 3705
Filed: : July 11, 2003
Title: : MEDICAL VENTILATOR TRIGGERING AND CYCLING
METHOD AND MECHANISM

Group Art Unit : 3743
Examiner : Mitchell, T.
Docket No. : 99-27 C1

* * * * *

October 25, 2004

PAYMENT OF ISSUE FEE

Hon. Commissioner of Patents
and Trademarks
Washington, D.C. 20231

Sir:


Enclosed herewith are the following for filing in connection with the above-identified U.S. patent application:

- 1) A completed Issue Fee Transmittal Form - PTOL 85(b)(1 page);
- 2) Check No. 1258 in the amount of \$1,670.00;
- 3) Fee Transmittal Form (1 page, 2 copies);

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)

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Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450.
Express Mail Label No. EL 997387148 US.


Michael W. Haas, Reg. No. 35,174

JAFARI et al. -- Appln. No.: 10/617,590

- 4) Transmittal Form (1 page); and
- 5) Certificate of Mailing by Express Mail (1 page, Express Mail Label No. EL 997387148 US).

As noted in the Fee Transmittal Form submitted herewith, the Commissioner is hereby authorized to charge any additional fees due, or credit any overpayment to Deposit Account No. 50-0558.

Respectfully submitted,

By Michael W. Haas

Michael W. Haas

Reg. No.: 35,174

Tel. No.: (724) 387-5026

Fax No.: (724) 387-5021

RESPIRONICS, INC.
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